

Fax: 585-486-1318
 Email: llitwak@prideincaring.com

Employment Application

We are an equal opportunity employer. We are dedicated to our employees and follow a course of non-discrimination on any basis, including race, color, sex, age, disability, national origin, religion or marital status.

PERSONAL INFORMATION

Name		Date
Street Address		
City	State	Zip
Phone		SSN

I am applying for the position of:		
Number of hours you prefer per week	Hours of availability	In case of emergencies, would you be available on short notice? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide details:		

EDUCATION

Degrees

High School	City/State	
College	City/State	
Additional Schooling/Courses/Special Skills		

TRANSPORTATION – Caregiver positions may require a caregiver to transport client.

Do you have a valid New York State driver’s license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you own your own car? Yes <input type="checkbox"/> No <input type="checkbox"/>
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EXPERIENCE

Please list recent experience working with the elderly
What do you like most about working with the elderly?
Please advise if you have any apprehension in any areas while working with the elderly

SKILLS

Please check all skills you have performed while previously working with seniors								
Bathing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dusting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Laundry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Grooming	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Vacuuming	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bed Linen changes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Incontinence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bathrooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Grocery shopping	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transfers (wheelchairs, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Kitchens	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cooking	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Companionship	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Medication reminders	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMPLOYMENT HISTORY

Please advise last five (5) years of your work history. May we contact your past/current employers? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company Name	Dates of employment: From _____ To _____
Job Title and Duties	Reason for Leaving
Supervisor	Phone
Company Name	Dates of employment: From _____ To _____
Job Title and Duties	Reason for Leaving
Supervisor	Phone
Company Name	Dates of employment: From _____ To _____
Job Title and Duties	Reason for Leaving
Supervisor	Phone

PERSONAL REFERENCES

Name	Address	Relationship/Years Known	Telephone:
Name	Address	Relationship/Years Known	Telephone:
Name	Address	Relationship/Years Known	Telephone:

BUSINESS REFERENCES

Name	Address	Relationship/Years Known	Telephone:
Name	Address	Relationship/Years Known	Telephone:
Name	Address	Relationship/Years Known	Telephone:

CERTIFICATION AND RELEASE: I hereby certify that I am in good health; that I have read and understand this application and that the answers, and statements provided by me to the foregoing questions are true and complete to the best of my knowledge and belief. I understand that any false information or misrepresentations, or any informed omissions of facts herein may result in rejection of my application, or my immediate discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting agencies, to verify any information herein including, but not limited to, criminal or motor vehicle records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior, and during, employment.

Signature	Date
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